



# 2018 Modified Stage 2 Meaningful Use Attestation Reporting

Quality Improvement | Meaningful Use Program



# Agenda

Getting Started

Meaningful Use General Questions

Meaningful Use Objectives

Meaningful Use Clinical Quality Measures

Finalizing the Attestation

Meaningful Use Resources

# Getting Started

## Notice:

- Keep in mind when viewing this presentation that the screenshots will not show the entire PIPP page, only the individual questions.
- Objectives and measures may be abbreviated to fit this presentation. See the CMS specifications listed on the Helpful Links page for precise wording.
- Examples are only for reference and not actual data.
- This presentation will be posted on the TennCare Meaningful Use Website.

# Getting Started

Go to <https://pipp.tenncare.tn.gov> and log in to PIPP.

**TennCare/Medicaid EHR Provider Incentive Program**

**Provider Web Registration** ← Create user name here.

**Incentive Program Information**

**Register with CMS** ← Update practice address here.

**FAQ**

**Contact Us**

**Provider Information:**

**User Login**

Welcome

Please Log In

User Name:  Required

Password:  Required

[Recover User ID](#) [Reset Password](#) [Log In](#)

**TennCare/Medicaid EHR Provider Incentive Program**

**Dashboard**

UserID: provider1  
User Role: Self  
Provider: PROVIDER YEAR ONE

[My Profile](#) [Log Out](#)

[Home](#)

[Apply for Incentive \(Attest\)](#) ← Begin your attestation here.

[CMS Registration site](#)

**Attestation History:**

Payment Year	Program Year	Stage	Status
2015	1	Modified Stage 2: 90 Days	Attestation Pending

**Correspondence:** [No Correspondence found.](#)

**Current Status:** Eligible Professional Attestation Pending



# Meaningful Use General Questions



# Open Meaningful Use Questions

- These pages must already be completed with a status of “attested”:
  - Provider Questions
  - EHR Questions
  - Required Forms
  - Patient Volume Questions
- Email questions about these pages to EHR Provider Services at [TennCare.EHRIncentive@tn.gov](mailto:TennCare.EHRIncentive@tn.gov).

## Provider Eligibility Criteria

Criteria	Status	Verification Method	Received Date	Denial Reason	Attested?
Registered with CMS	Pass	System	4/1/2014		Yes

## Provider EHR Criteria

	Criteria	Status	Received Date	Action	Attested?
<a href="#">Attest</a>	Provider Questions	Attested	7/3/2018		Yes
<a href="#">Attest</a>	EHR Questions	Attested	10/2/2018		Yes
<a href="#">Attest</a>	Required Forms	Attested	7/3/2018		Yes
<a href="#">Attest</a>	Patient Volume Questions	Attested	10/2/2018		Yes
<a href="#">Attest</a>	Meaningful Use Questions	Pending	10/9/2018		No
<a href="#">Attest</a>	Meaningful Use Clinical Quality Measures	Pending	10/4/2018		No

Click “Attest” to open Meaningful Use Questions.

# EHR Reporting Period

GEN-1 is the EHR reporting period question.

	EHR Reporting Period																																																			
GEN-1	<input type="text" value="08/01/2018"/>	<input type="text" value="10/29/2018"/>																																																		
GEN-2	<div><div><div>◀</div><div>August, 2018</div><div>▶</div></div><table><tr><td>Su</td><td>Mo</td><td>Tu</td><td>We</td><td>Th</td><td>Fr</td><td>Sa</td></tr><tr><td>29</td><td>30</td><td>31</td><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr><tr><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td></tr><tr><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td></tr><tr><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td>1</td></tr><tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr></table></div>		Su	Mo	Tu	We	Th	Fr	Sa	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	
Su	Mo	Tu	We	Th	Fr	Sa																																														
29	30	31	1	2	3	4																																														
5	6	7	8	9	10	11																																														
12	13	14	15	16	17	18																																														
19	20	21	22	23	24	25																																														
26	27	28	29	30	31	1																																														
2	3	4	5	6	7	8																																														
GEN-3																																																				
	Today: October 24, 2018																																																			

Enter MU reporting period.

at this location during the EHR reporting p

emphis, TN 38115 - Does the Eligible P

uring the EHR reporting period?

ng p

ue patients must have their data in the certif

All EPs can use a **Meaningful Use 90 day** reporting period for 2018.

Subsequent general question numbers may vary due to multiple practice sites entered.



# Unique Patients in the EHR

- Numerator: Number of patients in the denominator with data in the EHR during the reporting period.
- Denominator: **Total unique patients seen** during the reporting period regardless of whether they are in EHR.

**Objective:** How many of your **unique patients** seen during the EHR Reporting Period have their data in the certified EHR technology?

GEN-2

**Numerator:** Number of patients in the denominator with data maintained in a certified EHR during the EHR reporting period.

**Numerator:** 209

**Denominator:** Number of unique patients seen by the EP during the EHR reporting period.

**Denominator:** 220

**Percentage:** 95.00%

**Important:** Unique patients seen and Objectives 8 & 9 **must** have the **same denominators**. They all measure unique patients seen.

Your EHR report may not specifically show the number of unique patients.



# County Selection

		Anderson Bedford Benton Bledsoe Blount Bradley Campbell Cannon Carroll Carter Cheatham Chester Claiborne Clay Cocke Coffee Crockett Cumberland Davidson Decatur DeKalb Dickson Dyer Fayette Fentress Franklin Gibson Giles Grainger	Percentage: 100%
GEN-3	What is the principal county in which you practice?		
GEN-4	Select the specialty that describes your individual practice	Internal Medicine	
1	<p>Objective: Practice must be created or maintained by CEHRT in accordance with requirements under 45 CFR 164.308 and 164.306(d)(3), and implement security updates as necessary and identified security deficiencies.</p> <p>Measure: (a) (1), include encryption of data in accordance with 45 CFR 164.312(a) and updates as necessary and identified security deficiencies.</p> <p>Did you achieve this objective? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>To assure you have met the requirements for this measure, please click the link to the left of the page and review the requirements. Do not proceed until you have met the requirements.</p> <p>The Security Risk Analysis (SRA) must be completed for the reporting period. However, the SRA can be done up to a year prior to the end of the Meaningful Use Reporting period if the SRA was not used for the prior attestation.</p>		

Select county from dropdown.

# Specialty

GEN-3	What is the principal county in which you practice?	Cannon
GEN-4	Select the specialty that best describes your individual scope of practice	<div>Choose specialty from dropdown menu.</div> <div><ul style="list-style-type: none"><li>Allergy/Otolaryngology</li><li>Behavioral Health/Psychiatry</li><li>Cardiology</li><li>Dermatology</li><li>Family Practice</li><li>Gastroenterology</li><li>Internal Medicine</li><li>Neurology</li><li>Oncology</li><li>Ophthalmology</li><li>Orthopedics</li><li>Pediatrics</li><li>Surgery</li><li>Urology</li><li>Women's Health (OB/GYN)</li></ul></div>
	<p><b>Objective:</b> Protect electronic health information maintained by the certificate holder through the implementation of appropriate security measures.</p> <p><b>Measure:</b> Conduct or review a risk assessment of the information systems used by the certificate holder (a) (1), including addressing the security of the information systems, to ensure compliance with requirements under 45 CFR 164.308(a)(7)(ii) and 45 CFR 164.308(a)(7)(iii) and implementing security updates as necessary and correct identified security deficiencies as part of the process.</p>	





# Meaningful Use Objectives



# Highlights

- ✓ Read all objectives and measures carefully.
- ✓ All thresholds must be met to qualify for Meaningful Use unless exclusion criteria applies to EP.
- ✓ Objectives 8.2 & 9: thresholds remain at >5% for View, Download, and Transmit (VDT) & Secure Messaging.
- ✓ Objective 10.1 Immunization Registry: Active engagement must be met if EP gives *any* immunizations during the reporting period.
- ✓ All EPs in 2018 are eligible for a 90 day reporting period, effective October 1, 2018. This applies to meaningful use objectives *only*.
- ✓ *Only* EPs attesting to their first year of Meaningful Use can use a 90 day CQM reporting period.
- ✓ Do not upload Security Risk Assessment (SRA) documents for your Meaningful Use attestation.
- ✓ Do not upload Protected Health Information (PHI) documents.

# Objective 1: Protect Patient Health Information

**Objective:** Protect electronic health information created or maintained by CEHRT by implementing appropriate capabilities.

**Measure:** Conduct or review a security risk analysis in accordance with requirements including

- Addressing security of ePHI created/maintained by CEHRT,
- Implement security updates as necessary, and
- Correct identified security deficiencies.

- ✓ Review “Security Risk Analysis Resources” link in measure.
- ✓ Check date performed. See [CMS FAQ 13649](#).
- ✓ If no is selected, EP attests that MU criteria and HIPAA guidelines were **not** met. EP will not be able to proceed.

**IMPORTANT:** Selecting *yes* when requirements were *not* met puts EP at risk of an *adverse audit finding* & possibly having to **repay incentive money**.

# Objective 1: Screenshot

**Objective:** Protect electronic protected health information (ePHI) created or maintained by the certified EHR technology (CEHRT) through the implementation of appropriate technical capabilities.

**Measure:** Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including:

- Addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and
- Implement security updates as necessary, and
- Correct identified security deficiencies as part of the eligible professional's (EP) risk management process.

Measure  
met?

Did you achieve this objective by meeting the measure?

☒ Yes ☐ No

To assure you have met the requirements for this measure, click on the "[Security Risk Analysis Resources](#)" link to the left of the page and review the requirements. Do not select "Yes" unless you have met the requirements because you will be at risk of an **adverse audit finding**.

The Security Risk Analysis (SRA) must be completed no later than the end of the Meaningful Use Reporting period. However, the SRA can be done up to a year prior to the MU reporting period if the SRA was not used for the prior attestation.

Answer  
a, b & c.

a: Who completed the SRA? Name:

Title:

b: Was an inventory list prepared of all hardware and software that creates, receives, maintains or transmits Electronic Personal Health Information (ePHI)?

☐ Yes ☐ No

c: Has a final report and/or corrective action plan(s) been documented for all significant deficiencies noted during the SRA, including target dates for implementation? Note: Corrective actions must be completed prior to the submission of your next attestation.

☐ Yes ☐ No

1  
Protect Patient  
Health  
Information  
§495.22 (e)(1)(i)

# Objective 2: Clinical Decision Support

**Objective:** Use clinical decision support (CDS) interventions to improve performance on high-priority health conditions.

**Measure 1:** Implement 5 clinical decision support interventions related to 4+ CQMs or high priority health conditions at a relevant point in patient care.

**Measure 2:** EP has enabled & implemented functionality for drug-drug/drug allergy interaction checks for entire EHR reporting period.

**Measure 2 exclusion:** Writes < 100 medication orders.

For each CDS rule 1-5:

- Enter a clear & specific name of clinical decision supported by EHR.
- Enter explanation of how EHR incorporates CDS rule:
  - What does it do?
  - How does this support patient care?
- Enter the CQM or high priority health condition that is used to track this CDS rule.

# Objective 2: Screenshot

**Objective:** Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.

**Eligible professionals (EPs) must satisfy both of the following measures in order to meet the objective:**

**Measure 1:** Implement 5 CDS interventions related to four or more clinical quality measures (CQMs) at a relevant point in patient care for the entire EHR reporting period. Absent 4 CQMs related to an EP's scope of practice or patient population, the CDS interventions must be related to high-priority health conditions.

Did you achieve this objective by meeting the measure?

☒ Yes ☐ No

**Measure 2:** The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Did you achieve this objective by meeting the measure?

☒ Yes ☐ No

Exclusion is only for Measure 2.

**Exclusion:** For the second measure only, any EP who writes fewer than 100 medication orders during the EHR reporting period.

Does the Exclusion to Measure 2 of this objective apply to you?

☐ Yes ☒ No



# Objective 2: Screenshot

**CDS Rule 1:** Name a clinical decision supported by your EHR Technology.

Influenza vaccination

**How does your EHR incorporate the CDS rule in real time to improve clinical decision making?**

Box pops up in EHR to see vaccination status

**Which CQM are you using to track compliance to this CDS rule?**

CMS147 or NQF0041

**CDS Rule 2:** Name a clinical decision supported by your EHR Technology.

**How does your EHR incorporate the CDS rule in real time to improve clinical decision making?**

**Which CQM are you using to track compliance to this CDS rule?**

**CDS Rule 3:** Name a clinical decision supported by your EHR Technology.

**How does your EHR incorporate the CDS rule in real time to improve clinical decision making?**

**Which CQM are you using to track compliance to this CDS rule?**

**CDS Rule 4:** Name a clinical decision supported by your EHR Technology.

**How does your EHR incorporate the CDS rule in real time to improve clinical decision making?**

**Which CQM are you using to track compliance to this CDS rule?**

**CDS Rule 5:** Name a clinical decision supported by your EHR Technology.

**How does your EHR incorporate the CDS rule in real time to improve clinical decision making?**

**Which CQM are you using to track compliance to this CDS rule?**

- Name
- EHR action
- CQM

# Objective 2: Clinical Decision Support

## Electronic Health Record CDS Intervention Example

- **1.1 CDS System Alert**
- **Influenza Vaccination Due!**
- **This patient is due for an Influenza vaccination. Patient has asthma with no reported allergic reaction to Influenza Vaccine.**
- **Related CQM NQF 0041**

*Order Vaccine*

*Patient  
Declined*

*Manual order*

# Objective 3: Computerized Provider Order Entry

**Objective:** Use computerized provider order entry (CPOE) for medication, laboratory, and radiology orders directly.

**Measure 1:** Create > 60% of medication orders using CPOE.

**Exclusion:** Did EP write < 100 medication orders during EHR reporting period? If no, enter Numerator and Denominator.

**Measure 2:** Create > 30% of laboratory orders using CPOE.

**Exclusion:** Did EP write < 100 laboratory orders during EHR reporting period? If no, enter Numerator and Denominator.

**Measure 3:** Create > 30% of radiology orders using CPOE.

**Exclusion:** Did EP write < 100 radiology orders during EHR reporting period? If no, enter Numerator and Denominator.

**Denominator data:** All patient records or only electronic?

# Objective 3: Screenshot

**Objective:** Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional that can enter orders into the medical record per state, local, and professional guidelines.

**Measure 1:** More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

**Exclusion:** Any EP who writes fewer than 100 medication orders during the EHR reporting period.

Does the Exclusion to Measure 1 apply to you?

☐ Yes ☒ No

**Numerator:** The number of orders in the denominator recorded using CPOE.

**Numerator:**

**Denominator:** Number of medication orders created by the EP during the EHR reporting period.

**Denominator:**

Must be >60%

**Percentage:** 99.38%

**Measure 2:** More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

**Exclusion:** Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.

Does the Exclusion to Measure 2 apply to you?

☐ Yes ☒ No

**Numerator:** The number of orders in the denominator recorded using CPOE.

**Numerator:**

**Denominator:** Number of laboratory orders created by the EP during the EHR reporting period.

**Denominator:**

Must be >30%

**Percentage:** 99.17%

# Objective 3: Screenshot

**Measure 3:** More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

**Exclusion:** Any EP who writes fewer than 100 radiology orders during the EHR reporting period.

Does the Exclusion to Measure 3 apply to you?

☐ Yes ☒ No

**Numerator:** The number of orders in the denominator recorded using CPOE.

**Numerator:**

**Denominator:** Number of radiology orders created by the EP during the EHR reporting period.

**Denominator:**

**Percentage:** 99.10%

Must be > 30%

Extracted  
data?

**The denominator data was extracted:**

- ☒ from ALL patient records, not just those maintained using certified EHR technology.
- ☐ only from patient records maintained using certified EHR technology.

# Objective 4: Electronic Prescribing

**Objective:** Generate and transmit permissible prescriptions electronically (eRx).

**Measure:** More than 50% of permissible prescriptions must be queried for a drug formulary and transmitted electronically using CEHRT.

**Exclusion 1:** Did EP write less than 100 permissible prescriptions during EHR reporting period? If selected no, answer:

**Exclusion 2:** Did EP *not* have a pharmacy within the organization and *no* pharmacies accept electronic prescriptions within 10 miles of practice location at start of EHR reporting period? If no, enter Numerator and Denominator.

**Denominator data:** All patient records or only electronic?

# Objective 4: Screenshot

<b>4</b> Electronic Prescribing (eRx) § 495.22 (e) (4)(i)	<b>Objective:</b> Generate and transmit permissible prescriptions electronically (eRx).		
	<b>Measure:</b> More than 50 percent of permissible prescriptions written by the eligible professional (EP) are queried for a drug formulary and transmitted electronically using certified electronic health record technology (CEHRT).		
	Any EP who: <b>Exclusion 1:</b> Writes fewer than 100 permissible prescriptions during the EHR reporting period; or  <b>Exclusion 2:</b> Does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period.		
	Does Exclusion 1 to this measure apply to you?		<input type="radio"/> Yes <input checked="" type="radio"/> No
	Does Exclusion 2 to this measure apply to you?		<input type="radio"/> Yes <input checked="" type="radio"/> No
	<b>Numerator:</b> The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT.	<b>Numerator:</b>	<input type="text" value="220"/>
	<b>Denominator:</b> Number of permissible prescriptions written during the EHR reporting period for drugs requiring a prescription in order to be dispensed	<b>Denominator:</b>	<input type="text" value="255"/>
		<b>Percentage:</b>	86.27%
	<div>Extracted data?</div> <div>Must be &gt; 50%</div>		
	<b>The denominator data was extracted:</b> <input checked="" type="radio"/> from ALL patient records, not just those maintained using certified EHR technology. <input type="radio"/> only from patient records maintained using certified EHR technology.		

# Objective 5: Health Information Exchange

**Objective:** The EP who transitions or refers a patient to another setting or provider of care provides a summary care record for each transition or referral.

**Measure:** The EP who transitions or refers a patient to another setting of care or provider of care must do both:

1. Use CEHRT to create a summary of care record and
2. Electronically transmit summary to a receiving provider for > 10% of transitions and referrals.

**Exclusion:** Did EP transfer a patient to another setting or refer a patient to another provider *less than* 100 times during EHR reporting period? If no, enter Numerator and Denominator.



# Objective 5: Screenshot

**Objective:** The eligible professional (EP) who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.

**Measure:** The EP that transitions or refers their patient to another setting of care or provider of care must:

- (1) Use certified electronic health record technology (CEHRT) to create a summary of care record; and
- (2) Electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

**Exclusion:** Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.

Does the Exclusion to this measure apply to you?

☐ Yes ☒ No

**Numerator:** The number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically.

Numerator:

7

**Denominator:** Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.

Denominator:

7

Percentage: 100%

Must be > 10%.

5  
Health  
Information  
Exchange  
495.22 (e)(5)  
(i)

# Objective 6: Patient-Specific Education

**Objective:** Use clinically relevant information from CEHRT to identify patient-specific education resources & provide the resources to patient.

**Measure:** Patient-specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits during the EHR reporting period.

**Exclusion:** Any EP with no office visits during the EHR reporting period. If no, enter numerator and denominator.

**Objective:** Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.

**Measure:** Patient specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.

**Exclusion:** Any EP who has no office visits during the EHR reporting period.

Does the Exclusion to this measure apply to you?

☐ Yes ☒ No

**Numerator:** Number of patients in the denominator who were provided patient-specific education resources identified by the CEHRT.

**Numerator:**

**Denominator:** Number of unique patients with office visits seen by the EP during the EHR reporting period.

**Denominator:**

**Percentage:** 29.00%

Must be > 10%.

# Objective 7: Medication Reconciliation

**Objective:** EP that receives patients from another setting or provider of care or believes an encounter is relevant performs medication reconciliation.

**Measure:** The EP performs medication reconciliation for > 50% of transitions of care in which patient is transitioned into care of EP.

**Exclusion:** EP who was not recipient of *any* transitions of care during EHR reporting period. If no, enter Numerator and Denominator.

7 Medication Reconciliation § 495.22 (e)(7) (i)	<b>Objective:</b> The eligible professional (EP) who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.		
	<b>Measure:</b> The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.		
	<b>Exclusion:</b> Any EP who was not the recipient of any transitions of care during the EHR reporting period.		
	Does the Exclusion to this measure apply to you? <input type="radio"/> Yes <input checked="" type="radio"/> No		
	<b>Numerator:</b> The number of transitions of care in the denominator where medication reconciliation was performed.	<b>Numerator:</b>	<input type="text" value="23"/>
	<b>Denominator:</b> Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.	<b>Denominator:</b>	<input type="text" value="24"/>
		<b>Percentage:</b>	95.83%

Must be > 50%.

# Objective 8: Patient Electronic Access

**Objective:** Provide patients the ability to view online, download, and transmit their health information within 4 business days of availability.

**Measure 1:** More than 50% of all unique patients seen by EP during reporting period are provided access to view online, download, and transmit health information to 3<sup>rd</sup> party (subject to EPs discretion).

**Measure 2:** For 2018 EHR reporting period, > 5% unique patients seen by EP view, download or transmit their health information.

**Exclusion 1:** EP neither orders or creates any of the information listed for inclusion as part of the measures except for “Patient Name”, “Provider’s name and office contact information”. If selected no, answer:

**Exclusion 2:** EP conducts  $\geq 50\%$  of patient encounters in a county without  $\geq 50\%$  of its housing units having 4Mbps broadband availability. If no, enter Numerators and Denominators. Not valid in Tennessee.

# Objective 8: Screenshot

**Objective:** Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the eligible professional (EP).

**NOTE:** EPs must satisfy both measures to meet this objective.

**Measure 1:** More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.

**Measure 2:** For an EHR reporting periods in 2017 and 2018, more than 5 percent of unique patients seen by the EP during the EHR reporting period (or his or her authorized representatives) view, download or transmit to a third party their health information during the EHR reporting period.

**NOTE:** Selecting Exclusion 1 will exclude the entire objective. Selecting Exclusion 2 will only exclude the 2nd measure.

Any EP who:

**Exclusion 1:** Neither orders nor creates any of the information listed for inclusion as part of the measures except for "Patient Name" and "Provider's name and office contact information;" or

**Exclusion 2:** Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the Federal Communications Commission (FCC) on the first day of the EHR reporting period.

Details on the availability of broadband access for your community can be found at:

[Federal Communications Commission \(FCC\)](#)

Does Exclusion 1 to the entire objective apply to you?

☐ Yes ☒ No

Does Exclusion 2 to the 2nd measure apply to you?

☐ Yes ☒ No

8  
Patient  
Electronic  
Access (VDT)  
§ 495.22 (e)(8)  
(i)

# Objective 8: Screenshot

**Measure 1 Numerator:** The number of patients in the denominator who have access to view online, download and transmit their health information within 4 business days after the information is available to the EP.

Numerator: 52

**Measure 1 Denominator:** Number of unique patients seen by the EP during the EHR reporting period.

Denominator: 92

Must be > 50%.

Percentage: 56.52%

**Measure 2 Numerator:** The number of patients in the denominator who view, download, or transmit to a third party their health information.

Numerator: 41

**Measure 2 Denominator:** Number of unique patients seen by the EP during the EHR reporting period.

Denominator: 92

Must be > 5%.

Percentage: 44.57%



# Objective 9: Secure Messaging

**Objective:** Use secure electronic messaging to communicate with patients on relevant health information.

**Measure:** For > 5% of unique patients, a secure message was sent using electronic messaging function of CEHRT to patient or in response to secure message sent by patient.

**Exclusion 1:** EP has no office visits.

**Exclusion 2:** EP conducts  $\geq 50\%$  of patient encounters in a county without  $\geq 50\%$  of its housing units having 4Mbps broadband availability.

**Notice:** Exclusion 1 is rarely met.

Exclusion 2 is not valid in Tennessee.



# Objective 9: Screenshot

9  
Secure  
Messaging  
495.22 (e)(9)  
(i)

**Objective:** Use secure electronic messaging to communicate with patients on relevant health information.

**Measure:** For an EHR reporting period in 2018, for more than 5 percent of unique patients seen by the eligible professional (EP) during the EHR reporting period, a secure message was sent using the electronic messaging function of certified electronic health record technology (CEHRT) to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.

Any EP who:

**Exclusion 1:** Has no office visits during the EHR reporting period; or

**Exclusion 2:** Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the Federal Communications Commission (FCC) on the first day of the EHR reporting period.

Details on the availability of broadband access for your community can be found at:

[Federal Communications Commission \(FCC\)](#)

Does Exclusion 1 to this measure apply to you?

☐ Yes ☒ No

Does Exclusion 2 to this measure apply to you?

☐ Yes ☒ No

**Numerator:** The number of patients in the denominator for whom a secure electronic message is sent to the patient (or patient-authorized representative), or in response to a secure message sent by the patient (or patient-authorized representative).

Numerator:

**Denominator:** Number of unique patients seen by the EP during the EHR reporting period.

Denominator:

Percentage: 9.30%

Must be > 5%.



# Objective 10: Public Health & Clinical Data Registry Reporting

**Objective:** The EP is in active engagement with public health agency to submit electronic public health data from certified EHR technology.

- Objective 10 has 3 measures.

Measure 1: Immunization Registry Reporting

Measure 2: Syndromic Surveillance Reporting

Measure 3: Specialized Registry Reporting

- In order to meet the objective, an EP must meet a minimum of 2 measures from measures 1 through 3.
- The EP *may* attest to a maximum of 2 specialized registries to meet the public health objective requirements.
- Any provider that cannot meet a minimum of 2 measures must qualify for exclusion to all remaining measures.
- If you choose an exclusion, a text box will appear and you must enter an explanation for why you qualify for the exclusion (except for Measure 2 Syndromic Surveillance exclusion 3).

# Objective 10: Immunization Registry Reporting

Measure 1- Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.

Exclusion 1: EP does not administer any immunizations for which data is collected by jurisdiction's immunization registry.

Exclusion 2: EP operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting specific standards required to meet CEHRT definition at start of EHR reporting period. *Invalid in Tennessee.*

Exclusion 3: EP operates in a jurisdiction in which no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of EHR reporting period. *Invalid in Tennessee.*

# Objective 10: Immunization Registry Screenshot

**Measure 1: Immunization Registry Reporting:** The EP is in active engagement with a public health agency to submit immunization data.

Any EP who:

**Exclusion 1:** Does not administer any immunizations to any of the populations for which data is collected by his or her jurisdiction's immunization registry or immunization information system during the EHR reporting period;

**Exclusion 2:** Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the SMART definition at the start of his or her EHR reporting period; or

Excl. 2 &  
3 invalid

**Exclusion 3:** Operates in a jurisdiction in which no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period.

Does Exclusion 1 to this measure apply to you?

☐ Yes ☒ No

Does Exclusion 2 to this measure apply to you?

☐ Yes ☒ No

Does Exclusion 3 to this measure apply to you?

☐ Yes ☒ No

# Objective 10: Immunization Registry Screenshot

If measure is met, select one option that best describes EP's Immunization Registry engagement: Option 1, Option 2 or Option 3.

Did you achieve this objective by meeting the measure?

☒ Yes ☐ No

Choose the best description of how you met this measure from the options below:

☐ Option 1 - Completed Registration to Submit Data

The EP registered to submit data with the public health agency or, where applicable, the clinical data registry to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the public health agency or clinical data registry to begin testing and validation. This option allows providers to meet the measure when the public health agency or the clinical data registry has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

☐ Option 2 - Testing and Validation

The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the public health agency or, where applicable, the clinical data registry within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

☒ Option 3 - Production

The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the public health agency or clinical data registry.

EP will not see these options if exclusion claimed.

# Objective 10: Syndromic Surveillance Reporting

Measure 2 - Syndromic Surveillance Reporting: Active engagement with a public health agency to submit syndromic surveillance data.

Exclusion 1: EP is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system. *Invalid in Tennessee.*

Exclusion 2: EP operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in standards required to meet CEHRT. *Invalid in Tennessee.*

Exclusion 3: EP operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at start of reporting period.

**Exclusion 3 applies to all Tennessee EPs.**

# Objective 10: Syndromic Surveillance Screenshot

**Measure 2: Syndromic Surveillance Reporting:** The EP is in active engagement with a public health agency to submit syndromic surveillance data.

Any EP who:

**Exclusion 1:** Is not a provider from which ambulatory syndromic surveillance data is collected by the surveillance system;

**Exclusion 2:** Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or

**Exclusion 3:** Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period.

*Note: Exclusion 3 currently applies to all TN Eligible Professionals.*

Choose  
excl. 3.

Does Exclusion 1 to this measure apply to you?

☐ Yes ☒ No

Does Exclusion 2 to this measure apply to you?

☐ Yes ☒ No

Does Exclusion 3 to this measure apply to you?

☒ Yes ☐ No

# Objective 10: Specialized Registry Reporting

Measure 3 - Specialized registry reporting: The EP is in active engagement to submit data to specialized registry.

Exclusion 1: EP does not diagnose or treat any disease associated with or collect data that is required by a specialized registry.

Exclusion 2: EP operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in standards required to meet CEHRT definition. *Invalid in Tennessee.*

Exclusion 3: EP operates in a jurisdiction where no specialized registry for which EP is eligible has declared readiness to receive electronic registry transactions.

See [CMS FAQ 13653 & 13657](#).

# Objective 10: Specialized Registry Reporting

According to CMS guidelines, an EP must perform these steps of due diligence in order to choose exclusion 1 or 3.

Step 1: An EP should **check with their State** (or the entity used as their reporting jurisdiction, such as a county) to determine if there is an available specialized registry maintained by a public health agency.

Step 2: An EP should **check with any specialty society** with which they are affiliated to determine if the society maintains a specialized registry and for which they have made a public declaration of readiness to receive data for meaningful use no later than the first day of the provider's EHR reporting period.

If the EP determines no registries are available, they may exclude from the measure. See [Public Health Reporting for Eligible Professionals in Modified Stage 2 Medicaid EHR Incentive Program](#).





# Objective 10: Specialized Registry Screenshot

**Measure 3: Specialized Registry Reporting:** The EP is in active engagement to submit data to a specialized registry.

Any EP who:

**Exclusion 1:** Does not diagnose or treat any disease or condition associated with or collect relevant data that is required by a specialized registry in their jurisdiction during the EHR reporting period;

**Exclusion 2:** Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or

**Exclusion 3:** Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

Does Exclusion 1 to this measure apply to you?

☐ Yes ☒ No

Does Exclusion 2 to this measure apply to you?

☐ Yes ☒ No

Does Exclusion 3 to this measure apply to you?

☒ Yes ☐ No

Please describe or explain the required steps taken to show due diligence described in [CMS FAQ 13657](#) to qualify for the exclusion to this measure.

Type or paste description of due diligence steps in text box.



# Objective 10: Specialized Registry Screenshot

Measure met: enter specific registry name and select option that best describes EP's registry engagement: Option 1, Option 2 or Option 3.

Did you achieve this objective by meeting the measure?

☒ Yes ☐ No

Please identify the Specialized Registry to which electronic case reports were sent:

NCHS Registry

Choose the best description of how you met this measure from the options below:

☐ Option 1 - Completed Registration to Submit Data

☐ Option 2 - Testing and Validation

☐ Option 3 - Production

The EP registered to submit data with the public health agency or clinical data registry to which the information is being submitted, registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the public health agency or clinical data registry to begin testing and validation. This option allows providers to meet the measure when the public health agency or the clinical data registry has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

Please provide documentation from the registry stating your active engagement status corresponding to your EHR reporting period.

OK

testing and validation of the electronic submission of data. Providers must respond to requests from the public health agency or, where applicable, the clinical data registry within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the public health agency or clinical data registry.

If attesting to Measure 3 twice, please identify the second Specialized Registry to which electronic case reports were sent. Otherwise leave blank.

Cancer Registry

Choose the best description of how you met this measure from the options below:

☐ Option 1 - Completed

The EP registered to submit data with the public health agency or clinical data registry to which the information is being submitted, registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the public health agency or clinical data registry to begin testing and validation. This option allows providers to meet the measure when the public health agency or the clinical data registry has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

validation of the electronic submission of data. Providers must respond to requests from the public health agency or, where applicable, the clinical data registry within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

☐ Option 3 - Production

The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the public health agency or clinical data registry.

**IMPORTANT:** Documentation from the registry is required with EP's or practice name, date and status.

EP will not see these options if exclusion claimed.

# Saving Meaningful Use Questions

1. Select "Save and Exit" if you are **not** finished entering data or
2. Select "OK" when you are finished entering data.
  - a. "Question Validations" box may pop up after selecting "OK".
  - b. Correct each "Question" and select OK again. Repeat until pop up box does not appear.

**IMPORTANT:** If "Question Validations" box continues to pop up, data entered will **not be saved** if you close the PIPP screen.  
**You must select "Save and Exit".**

**Question Validations**

Question: 1 - Select Yes or No

Question: 1 - Select Yes or No

Question: 2 - Select Yes or No

Question: 2, Exclusion 1 - Select Yes or No

Question: 2 - Select Yes or No

Question: 4 - Select an Extracted From option

Question: 6, Exclusion 1 - Select Yes or No

Question: 6 - Enter Numerator

Question: 6 - Enter Denominator

Question: 7 - numerator cannot be greater than denominator

OK

OK Save and Exit Cancel



# Meaningful Use Clinical Quality Measures



# Highlights

- EPs should select CQMs that are relevant to scope of practice and patient population and for which there is *patient data*.
- CQM reporting period must be a full calendar year unless it is EP's first year of Meaningful Use.
- Carefully align stratifications on CQM report and stratifications must add up to *total* on CMS 137, CMS 153, and CMS 155 in PIPP.
- Do not forget to enter exceptions and exclusions.
- Do not upload CQM report *unless requested*. Reporting period, multiple sites, name, and data must match attestation.
- Attest to a minimum of 6 CQMS. EP does not benefit from attesting to more than 6 CQMs for Meaningful Use.
- EP must select **“OK” to save** the CQMs. Choosing **“Cancel” will erase** all entered data.

Per CMS, if EHR report shows an initial patient population (IPP), all denominators should be reported as IPP **except:**  
CMS129, CMS135, CMS142, CMS144, CMS145, CMS147

# Open CQM Page

Click Attest to open the Meaningful Use Clinical Quality Measures pages.

## Provider EHR Criteria

	Criteria	Status	Received Date	Action	Attested?
<a href="#">Attest</a>	Provider Questions	Attested	10/5/2018		Yes
<a href="#">Attest</a>	EHR Questions	Attested	10/5/2018		Yes
<a href="#">Attest</a>	Required Forms	Attested	10/5/2018		Yes
<a href="#">Attest</a>	Patient Volume Questions	Attested	10/5/2018		Yes
<a href="#">Attest</a>	Meaningful Use Questions	Attested	10/5/2018		Yes
<a href="#">Attest</a>	Meaningful Use Clinical Quality Measures	Pending			No



# CQM Selection

## Meaningful Use Clinical Quality Measures

Please select at least 6 CQMs from the table below. Providers should select CQMs that best apply to their scope of practice and/or unique patient population. Providers should report on CQMs for which there is sufficient patient data available in their CEHRT. If an EP's CEHRT does not contain patient data for at least 6 CQMs, then the EP must report the CQMs for which there is patient data and report the remaining required CQMs as "zero denominators" as displayed by the EP's CEHRT. If there are no CQMs applicable to the EP's scope of practice and patient population, EPs must still report 6 CQMs even if zero is the result in either the numerator or the denominator of the measure. If all applicable CQMs have a value of zero from their CEHRT, then EPs must report any 6 CQMs.

Select	eCQM ID	NQF #	CQM Title	Domain
<input type="checkbox"/>	CMS2v6	NQF001	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Community/Population Health
<input type="checkbox"/>	CMS22v5	NQF002	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Document	Community/Population Health
<input type="checkbox"/>	CMS3v5	NQF003	Continuity of Care: Receipt Of Specialist Report	Communication and Care Coordination
<input type="checkbox"/>	CMS4v5	NQF004	Pneumonia: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis	Effective Clinical Care
<input type="checkbox"/>	CMS56v5	NQF005	Functional Status Assessment For Hip Replacement	Person and Caregiver-Centered Experience and Outcomes
<input type="checkbox"/>	CMS65v6	Not Applicable	Hypertension: Improvement in Blood Pressure	Effective Clinical Care
<input type="checkbox"/>	CMS66v5	Not Applicable	Functional Status Assessment For Knee Replacement	Person and Caregiver-Centered Experience and Outcomes
<input type="checkbox"/>	CMS68v6	NQF0419	Documentation of Current Medications in the Medical Record	Patient Safety
<input type="checkbox"/>	CMS69v5	NQF0421	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Community/Population Health
<input type="checkbox"/>	CMS74v6	Not Applicable	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	Effective Clinical Care
<input type="checkbox"/>	CMS75v5	Not Applicable	Children Who Have Dental Decay or Cavities	Community/Population Health
<input type="checkbox"/>	CMS82v4	Not Applicable	Maternal Depression Screening	Community/Population Health
<input type="checkbox"/>	CMS90v6	Not Applicable	Functional Status Assessments for Congestive Heart Failure	Person and Caregiver-Centered Experience and Outcomes
<input type="checkbox"/>	CMS117v5	NQF0038	Childhood Immunization Status	Community/Population Health
<input type="checkbox"/>	CMS122v5	NQF0059	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	Effective Clinical Care
<input type="checkbox"/>	CMS123v5	NQF0056	Diabetes: Hemoglobin A1c (HbA1c) Control (< 9%)	Effective Clinical Care
<input type="checkbox"/>	CMS124v5	NQF0057	Depression Remission at Follow-Up	Effective Clinical Care
<input type="checkbox"/>	CMS160v5	NQF0712	Depression Utilization of the PHQ-9 Tool	Effective Clinical Care
<input type="checkbox"/>	CMS161v5	NQF0104	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	Effective Clinical Care
<input type="checkbox"/>	CMS164v5	NQF0068	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	Effective Clinical Care
<input type="checkbox"/>	CMS165v5	NQF0018	Controlling High Blood Pressure	Effective Clinical Care
<input type="checkbox"/>	CMS166v6	NQF0052	Use of Imaging Studies for Low Back Pain	Efficiency and Cost Reduction
<input type="checkbox"/>	CMS167v5	NQF0088	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Effective Clinical Care
<input type="checkbox"/>	CMS169v5	Not Applicable	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Effective Clinical Care
<input type="checkbox"/>	CMS177v5	NQF1365	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	Patient Safety

Select 6 CQMs

It is not required to choose from certain domains.

OK Cancel

Select "OK" to go to the CQM questions.

# CQM CMS 155/NQF0024

<u>STRAT AGE</u>	<u>PIPP ORDER</u>	<u>DESCRIPTION</u>
○ 3-11	155-1-1	BMI
○ 3-11	155-1-2	Nutrition Counsel
○ 3-11	155-1-3	Activity Counsel
○ 12-17	155-2-1	BMI
○ 12-17	155-2-2	Nutrition Counsel
○ 12-17	155-2-3	Activity Counsel
○ 3-17	155-3-1	BMI
○ 3-17	155-3-2	Nutrition Counsel
○ 3-17	155-3-3	Activity Counsel

## STRATS SHOULD ADD UP TO EACH TOTAL

- $155-1-1 + 155-2-1 = 155-3-1$  BMI
- $155-1-2 + 155-2-2 = 155-3-2$  Nutrition Counsel
- $155-1-3 + 155-2-3 = 155-3-3$  Activity Counsel





# Saving CQM Questions

Enter numerator, denominator, exclusions, and exceptions for each of 6 CQMs.

Click "OK"  
to save.

OK

Cancel



# Finalizing the Attestation



# Questions Reset

Select "Reset Questions" button on either CQM or Meaningful Use Questions page to reset questions.

Reset Questions

## Measure

M#:CMS2 Domain:Population/Public Health  
Screening for Clinical Depression and Follow-Up Plan  
Aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized  
AND if positive, a follow up plan is documented on the date of the positive screen.  
Numerator:  Performance Rate %:  Exclusion:  Exception:

Message from webpage



This will delete all answers you have previously made. Are you sure?

OK

Cancel

# Ready to Submit?

You are ready to submit the attestation to TennCare if:

1. All questions are correctly answered, *and*
2. All of the pages, including Meaningful Use Questions and Meaningful Use Clinical Quality Measures say “Attested”.

	Criteria	Status
<u>Attest</u>	Provider Questions	Attested
<u>Attest</u>	EHR Questions	Attested
<u>Attest</u>	Required Forms	Attested
<u>Attest</u>	Patient Volume Questions	Attested
<u>Attest</u>	Meaningful Use Questions	Attested
<u>Attest</u>	Meaningful Use Clinical Quality Measures	Pending

If page does not say “Attested”, go back to *that page* and select “OK” on the bottom. You will have to reselect “OK” for each page every time the attestation is returned. See slide 43 & 49.

# Submitting the Attestation

## Provider Attestation

### Current Case

Provider:

Email:

Tax Id:

Status:

Provider

Type:

When all pages are complete and say "Attested", select the **"Submit for Review"** button.

### Provider Eligibility Criteria

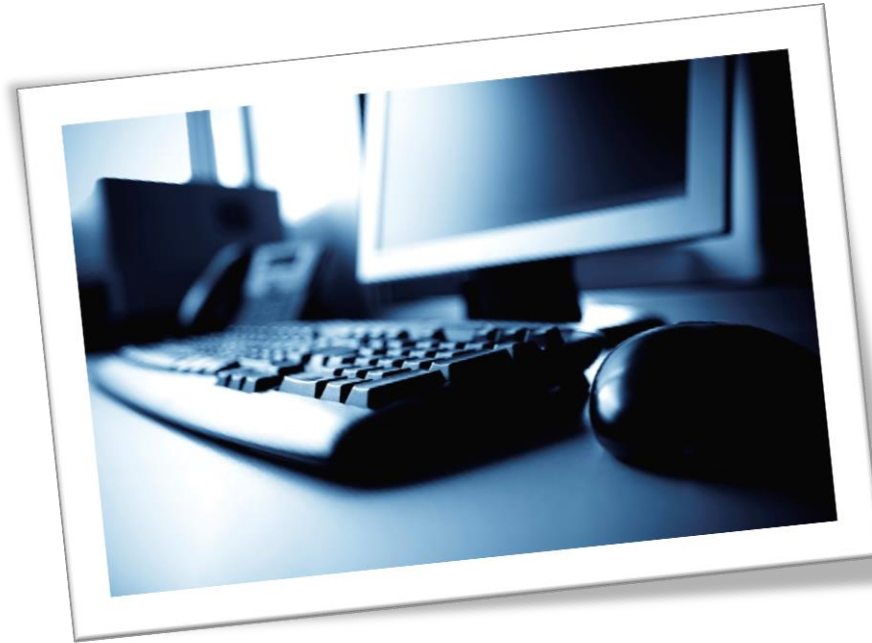
Criteria	Status	Verification Method	Received Date	Denial Reason	Attested?
Registered with CMS	Pass	System	10/2/2018		Yes

### Provider EHR Criteria

	Criteria	Status	Received Date	Action	Attested?
<a href="#">Attest</a>	Provider Questions	Attested	10/2/2018		Yes
<a href="#">Attest</a>	EHR Questions	Attested	10/2/2018		Yes
<a href="#">Attest</a>	Required Forms	Attested	10/2/2018		Yes
<a href="#">Attest</a>	Patient Volume Questions	Attested	10/2/2018		Yes
<a href="#">Attest</a>	Meaningful Use Questions	Attested	10/2/2018		Yes
<a href="#">Attest</a>	Meaningful Use Clinical Quality Measures	Attested	10/2/2018		Yes

**Submit for Review**





# Meaningful Use Resources



# Helpful Links

[TennCare Meaningful Use Overview](#)

[2018 Medicaid EHR Incentive Program Requirements](#)

[CMS Specifications: EPs 2018 MS 2 Objectives & Measures](#)

[Electronic Clinical Quality Improvement \(eCQI\) Resource](#)

[2018 CQMs for EPs Webpage](#)

# Contact Us

- **Meaningful Use:** email questions to [EHRMeaningfulUse.TennCare@tn.gov](mailto:EHRMeaningfulUse.TennCare@tn.gov)
- **Program eligibility:** email questions to [TennCare.EHRIncentive@tn.gov](mailto:TennCare.EHRIncentive@tn.gov)







Thank you

